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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Thao X. Le
Art Unit: 2814

DATE: September 22, 2003

FROM: Anthony J. Orler

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 15

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MESSAGE:

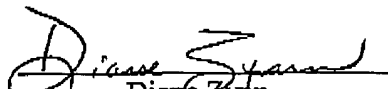
Patent Application No.: 09/910,447; Our Ref. 81754.0064

I hereby certify that the following documents:

- ☒ Amendment
- ☒ Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

September 22, 2003
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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9318 ART UNIT 2814

CLIENT NUMBER: 81754.0064

ATTORNEY BILLING NUMBER: 5097

CONFIRMATION NUMBER: 703-306-0208 (return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 81754.0064
Patent Application No. 09/910,447

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Toshihiko HIGUCHI

Serial No: 09/910,447

Filed: July 19, 2001

For: SEMICONDUCTOR DEVICE HAVING A
CONTROLLED GATE SHAPE AND METHOD FOR
MANUFACTURING THE SAME (Amended)

Art Unit: 2814

Examiner: Thao X. Le

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	43	-	32	**	LG=\$18 SM=\$9	\$ 198
INDEPENDENT CLAIMS FEE	3	-	3	***	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
Independent Claims 1, 21, 32					TOTAL	\$ 198

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge the fee of **\$198** for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
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☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Anthony J. Orlor
Registration No. 41,232
Attorney for Applicant(s)

Date: September 22, 2003

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